DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary For the period 07/01/2003 to 06/30/2006 Adult Family Home

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 083 (0009007)
Address: 7736 NINE MILE CREEK ROAD, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 05/26/2000

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095082 End Date: 06/21/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090958 End Date: 09/03/2003 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED